

988 Implementation Plan for Kansas

988 Planning Grants

Monday, December 20, 2021

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Grantee Agency, Contacts, and Lifeline Centers

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List the Key Grant Staff

Kelly Amos	Kansas Department for Aging and Disability Services	Program Coordinator	Key Staff
Rob MacDougall	Johnson County Mental Health	JCMHC Director of Emergency Services	Key Staff/Crisis Call Center
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Michelle Miller	COMCARE of Sedgwick County	Crisis Services Liaison/Supervisor of Emergency Services Staff-Community Crisis Center	Key Staff/Crisis Call Center
Monica Kurz	Kansas Suicide Prevention Headquarters	Vice President for External Programming	Key Staff/Crisis Call Center
Jennifer Wilson	COMCARE of Sedgwick County	Crisis Director	Key Staff/Crisis Call Center
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Lindsay Spooner-Gabaldon	Kansas Department for Aging and Disability Services	State Suicide Prevention Coordinator	Key Staff

Number of Current Lifeline Centers in the State/Territory

- Active: 3
- Onboarding (in the application process): 1

Any changes in Lifeline centers? Yes

- If yes, please explain: Since the grant started Johnson County Community Mental Health Center onboarded and began accepting local (Johnson County) Lifeline calls on August 26, 2021. Healthsource Integrated Solutions (HIS) is engaging the application process to become a certified Lifeline center, in order to serve as the statewide backup center.

Overall Background and Context

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The state of Kansas has a population of 2.9 million individuals living within 105 counties. There are 26 Community Mental Health Centers (CMHCs) serving as the community-based public mental health services safety net. In addition to providing a full range of outpatient clinical services, Kansas' 26 CMHCs provide comprehensive mental health rehabilitation services. Kansas' crisis services system has developed based upon the Care and Treatment Act (59-2944)¹ in which the structure and rules pertaining to the voluntary and involuntary treatment of individuals receiving services for behavioral health needs are set forth. In addition to the Care and Treatment Act, the Kansas Medical Assistance Programs Fee-For-Service Provider Manual² was designed to provide specific information and instructions to mental health providers including billing instructions, benefits, and limitations. Currently crisis call centers' services are not reimbursable within Kansas.

The Kansas Mental Health Taskforce developed a report and workable blueprint in 2017, a follow-up report was then completed in 2018 titled the Mental Health Task Force Report.³ [Figure I](#), below, demonstrates the adult continuum of behavioral health care designed by the Kansas Mental Health Taskforce, followed by [Figure II](#) demonstrating the children's continuum. The Kansas Mental Health Taskforce Report ultimately made 23 recommendations within seven topic areas including system transformation, maximization of funding, continuum of care for children and youth, nursing facilities for mental health, workforce, suicide prevention, and learning across systems.

¹ CARE AND TREATMENT FOR MENTALLY ILL PERSONS, Kan. Stat. Ann. § 59-2944-2986

² Division of Health Care Finance (January 2021) Kansas Medical Assistance Program: Fee-for-Service Provider Manual. Kansas Department of Health and Environment. Accessed via: https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Mental_Health_20263_20214.pdf

³ Kansas Mental Health Taskforce (January 2019) Report to the Kansas Legislature. Kansas Department of Aging and Disability Services. P. ES-iv – ES-v. Accessed via: [Mental Health Task Force: Report to the Kansas Legislature, January 14, 2019 \(ks.gov\)](#)

FIGURE I. Kansas Adult Continuum of Behavioral Health

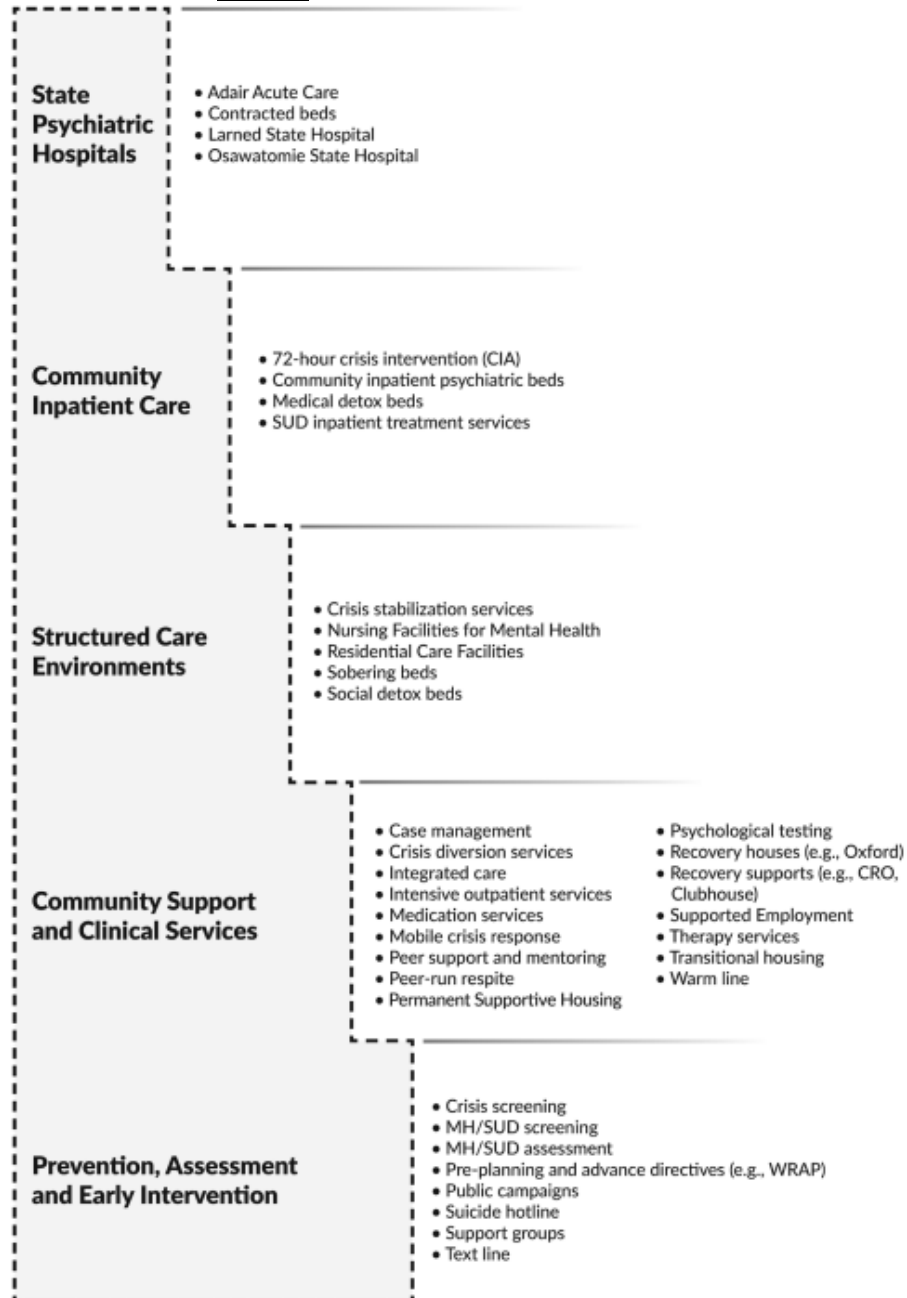
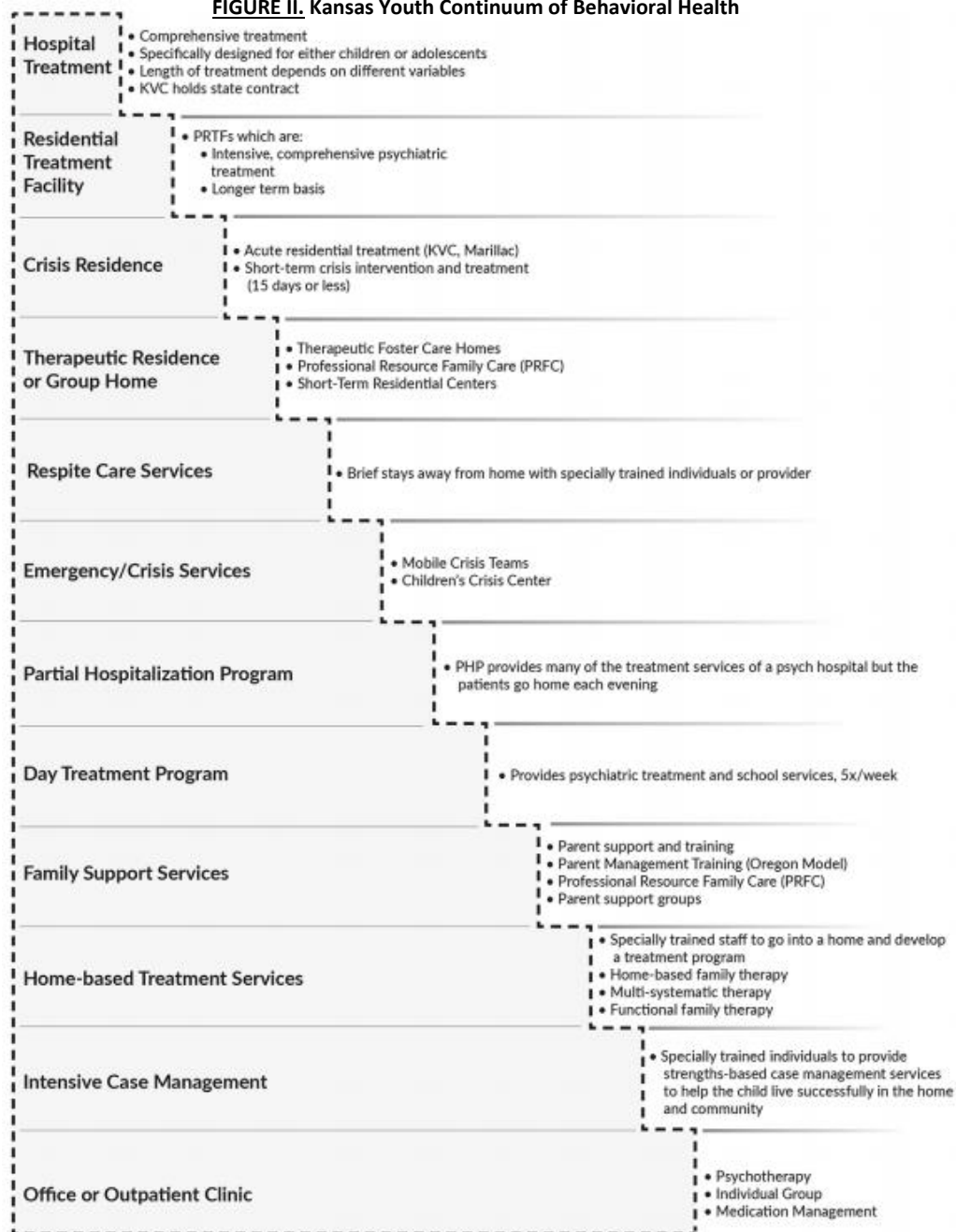


FIGURE II. Kansas Youth Continuum of Behavioral Health



There is also a statewide Suicide Prevention Taskforce in Kansas, in which the Kansas Suicide Prevention Plan for years 2021-2025 has been published.⁴ Findings included a 70-percent increase in completed suicide from years 2000 to 2018 in Kansas. In addition to rates of suicide completions increasing, individuals reaching out for behavioral health assistance increased in emergency departments and via calls to the National Suicide Prevention Lifeline, as demonstrated in [Figure III](#) below. KSPHQ and KDADS are valued members of the Suicide Prevention Taskforce and ensure that the Kansas Suicide Prevention Plan is represented and integrated within 988 implementation planning.

FIGURE III. National Suicide Prevention Lifeline Contacts

Region	2015	2016	2017	2018	2019
Northwest	178	279	263	247	333
Southwest	291	397	620	819	473.9
North Central	680	337	639	885	750
South Central	3263	3498	5233	6037	5478
Northeast	6217	5905	8122	8760	9309
Southeast	459	406	534	713	768
Yearly Total	11088	10822	15411	17461	17111.9

Two of the CMHCs, Johnson County and COMCARE of Sedgwick County, are certified National Suicide Prevention Lifeline crisis call centers. Only seven of the 26 CMHCs in Kansas are located in non-rural counties, and the two CMHCs represented as NSPL centers within the state are located in urban and suburban counties. Seventy three percent of CMHCs represent rural Kansas, however no crisis call center within the rural majority of the state are currently providing NSPL services. This has ongoing implications for 988 planning, as most of the state is not properly represented by NSPL crisis call centers. High suicide rates and low population density present a unique problem to delivering healthcare, a barrier faced by 99 Kansas counties that are designated mental health professional shortage areas. Johnson County and Comcare of Sedgwick County are limited to answering local, rather than state-wide, 988 calls. Kansas Suicide Prevention HQ (KSPHQ) is the third NSPL provider in Kansas. KSPHQ is a non-profit agency providing awareness tools, training, resources, and crisis call center services throughout the state of Kansas. KSPHQ answers NSPL calls for the entire state of Kansas. Healthsource Integrated Solutions (HIS) serves as a contracted call center provider for several of the states rural Community Mental Health Centers. HIS is currently applying to become a certified Lifeline call center and will eventually serve

⁴ Kansas Governor's Behavioral Health Services Planning Council (2021). Kansas Suicide Prevention Plan 2021-2025. Kansas Department of Aging and Disability Services. Accessed via: https://sprc.org/sites/default/files/KPC-Suicide-Prevention-Final-3_0.pdf

as the statewide backup center. HIS's familiarity with behavioral health resources in rural portions of Kansas will serve them well in this role.

The Kansas 988 Coalition's statement of purpose reads, "The 988 Coalition exists to encourage and complement the efforts of high-quality, coordinated, and sustainable 988 implementation planning in Kansas. Leveraging a diverse group of committed stakeholders from urban, suburban and rural Kansas, this Coalition offers advisory guidance to the 988 Planning Team on crisis system function while striving to support 988 implementation that places persons in crisis at the center of the solution."

Top state/territory priorities for change to prepare for 988 rollout in July 2022

Priority #1: Ensure statewide, 24/7 coverage for 988 calls, chats, and texts.

Priority #2: Build capacity and coordinate coverage across Kansas to achieve at least 80% in-state answer rate.

Core Area 1: Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Statewide Coverage for 988 Contacts

988 Calls

Kansas Department for Aging and Disability Services (KDADS) continues to plan in close partnership with the three National Suicide Prevention Lifeline (“NSPL” or “Lifeline”) call centers for 24/7 coverage specific to 988 calls, chats, and texts. There is no gap in NSPL call coverage as of August 2021. The recommended schedule for routing is noted below in [Figure IV](#).

FIGURE IV. Kansas Call Center Routing

	Coverage Area	24/7	Back-Up
Comcare	Sedgwick County	Yes	KSPHQ
Johnson County Community Mental Health	Johnson County	Yes	KSPHQ
Kansas Suicide Prevention HQ	Statewide	Yes	None currently

Volume increase continues to be planned for, as noted in Core Area 3. Currently the in-state answer rate is well-below the targeted rate of 80% by June 30, 2022. Between April 1, 2021, and June 31, 2021 the average in-state answer rate was 63%. Capacity continues to be a barrier to increasing the in-state answer rate. Johnson County Community Mental Health (JCCMH) is a certified NSPL call center and began accepting Lifeline calls on August 26, 2021. It is anticipated that JCCMH, and eventually Healthsource Integrated Services (HIS) onboarding as the statewide back-up center, will increase capacity. In addition to onboarding more NSPL centers, the \$3 million statewide allocation for NSPL centers in Kansas will assist NSPL centers in increasing staffing ratios, therefore increasing in-state call rates.

Average calls per month in Kansas range between 1,500 and 2,500. On average 200 calls per month originate in Sedgwick County and an average 300 calls per month originate in Johnson County. It is notable that two of the counties with the highest out-of-state call rates are Sedgwick County (in which Comcare responds to Lifeline calls) and Johnson County (in which JCCMH began responding to Lifeline calls in August 2021).

988 Chats & Text

The current landscape in Kansas includes minimal chat and text needs; however, volume is anticipated to increase with the rollout of 988. Average NSPL chats originating in Kansas is currently 150 to 300 chats per month, while average NSPL texts originating in Kansas per month ranges from 40 to 200.

Kansas Suicide Prevention HQ (KSPHQ) has been an NSPL Core Chat Center since July 2019, responding to chats routed from anywhere in the United States between the hours of 1:00pm-9:00pm 7 days each week. The chat program staff currently consists of 1 full-time 988 program coordinator, 1 part-time supervisor, 5 part-time chat specialists, and 2 volunteer chat specialists. When chat specialists are working, they are only answering chats and texts through the Unified Platform, PureConnect, and not answering calls to the NSPL. All chat specialists are provided with core KSPHQ counselor training as well as skills specific to providing emotional support and crisis intervention on a text speech platform. From April 1, 2021, to June 31, 2021, KSPHQ handled an average of 593 chats and texts per month. The average number of chats and texts originating from Kansas to the NSPL Network for the same time frame was 208 per month. While it's expected that KSPHQ will be able to handle the volume of incoming chats and texts, it does not currently have 24/7 capacity. KSPHQ has indicated their center specific 988 implementation plans include utilizing budget allocations from KDADS to expand their current Lifeline text/chat services with additional staffing to cover a 24/7 schedule. Expansion plans account for some increase in the number of texts and chats originating in Kansas.

Anticipated Challenges

The forefront challenge in Kansas is planning for a backup solution to KSPHQ. In-state answer rates are increasing and will continue to increase with the recent activation of JCCMH. However, without an in-state back-up center the likelihood of achieving and a 90% answer rate in Phase 2 decreases. With the onboarding, training, and eventual go-live of Healthsource Integrated Solutions (HIS) the magnitude of this challenge will significantly reduce.

After receiving increased funding, completing the on-boarding process for hiring of chat specialists and program staff, and improving the efficiency of future on-boarding, KSPHQ anticipates being able to handle 80% or more of the in-state chat and text volume 24/7 before the end of Phase 2. KSPHQ anticipates challenges related to chat specialist burnout and retainment due to the demands of the work, which have an impact on workers' mental and emotional health. Additionally, KSPHQ has historically attracted a workforce that is predominantly transitional in their stage of life: for example, students completing undergraduate studies. Therefore, KSPHQ is challenged with finding solutions to attracting a workforce that is diverse in terms of background and experiences, both for the purpose of improving retainment and creating a workforce that is representative of the diversity across Kansas.

In addition to the workforce challenge related to all modes of communication, particularly for chat and text, the unknowns related to the unified platform continue to pose a significant challenge.

Core Area 1: Statewide Coverage for 988 Contacts**Phase 1 Goals and Action Steps: Pre-Launch (October 1, 2021 – June 30, 2022)**

Goal 1.1a: By June 30, 2022, Kansas will have achieved 24/7 and full geographic coverage for in-state 988 calls such that in-state answer rates average at least 80%.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, HIS

Goal 1.1a Action Steps:

Action Steps	Start Date	Due Date	Lead and Partners
Monitor in-state answer rate for 988 calls and ascertain opportunities to increase rates in counties with highest out-of-state answer rate	10/1/2021 Quarterly	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Develop a follow-up process, inclusive of solutions, with centers not averaging at least an 80% in-state answer rate	10/1/2021	12/31/2021	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator)
Develop an approach to ensuring an in-state backup solution for 988 calls. This may include Healthsource Integrated Solutions.	10/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH, HIS
Create and maintain communication system or regular collaboration meetings for 988 network centers that will enable a system which can be responsive to its own needs.	10/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

☐

Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Goal 1.1b By June 30, 2022, Kansas will have achieved and maintained a 50% or higher in-state answer rate for Lifeline chats and texts. (Even if it is not 24/7).

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, HIS

Goal 1.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Determine which center(s) will accept Lifeline chats and texts.	10/1/2021	1/31/2022	Lead: 988 Program Coordinator Partners: Comcare, KSPHQ, JCCMH
Monitor in-state answer rate for 988 chats and texts and ascertain opportunities to increase rates in counties with highest out-of-state answer rate.	10/1/2021 Quarterly	6/30/2022	Lead: 988 Program Coordinator Partners: Comcare, KSPHQ, JCCMH, HUS
Develop follow-up process, inclusive of solutions, with centers not averaging at least a 50% in-state answer rate	10/1/2021	12/31/2021	Lead: 988 Program Coordinator, HIS

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
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Somewhat certain
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Moderately certain
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Very certain
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Completely certain
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Core Area 1: Statewide Coverage for 988 Contacts

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 1.2a: By June 30, 2023, Kansas will have achieved 24/7 and full geographic coverage for in-state 988 calls such that in-state answer rates average at least 90%.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, HIS

Goal 1.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Monitor in-state answer rate and ascertain opportunities to increase rates in counties with highest out-of-state answer rate	7/1/2022 Quarterly	6/30/2023	Lead: 988 Program Coordinator Partners: Comcare, KSPHQ, JCCMH
Engage in follow-up process, inclusive of solutions, with centers not averaging at least a 90% in-state answer rate	7/1/2022	6/30/2023	Lead: 988 Program Coordinator Partners: Comcare, KSPHQ, JCCMH

Goal 1.2b: By June 30, 2023, Kansas will have achieved 24/7 and full geographic coverage for in-state 988 chats and texts such that in-state answer rates average at least 80%.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, HIS

Goal 1.2b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Monitor in-state answer rate for chats and texts and ascertain opportunities to increase rates in counties with highest out-of-state answer rate	7/1/2022 Quarterly	6/30/2023	Lead: 988 Program Coordinator Partners: Comcare, KSPHQ, JCCMH
Engage in follow-up process, inclusive of solutions, with centers not averaging at least an 80% in-state answer rate	7/1/2022	6/30/2023	Lead: 988 Program Coordinator Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Completely certain

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Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Adequate and Diversified Funding for Lifeline Centers

KSPHQ has been a strong advocate within Kansas for securing sustainable funding for Lifeline centers answering 988 calls, texts, and chats and for providing follow-up calls. HB 2281, or the LIVES Act, was introduced on February 9, 2021, in an effort to fund 988 implementation throughout Kansas. After hearings with the State House Committee on Health and Human Services and recommendation that the bill be passed, HB 2281 was withdrawn from the calendar and referred to the Committee on Appropriations on March 5, 2021. Legislature adjourned without taking the bill up, and HB 2281 will be a live bill for next session beginning around January 10, 2022, within the Committee on Appropriations. The Kansas legislation convenes from mid-January through mid-May.

A \$3 million allocation to implement the national 988 behavioral health crisis hotline was awarded. This funding is call center eligible only. Supplemental crisis services such as mobile crisis may not receive allocations from this funding source. The \$3 million allocation is currently being budgeted per Lifeline call center at KDADS.

Financial Report Includes:

Comcare: Call Center, CSU Mobile
JCCMH: Call Center, Co-Responders, and Mobile
KSPHQ: Call Center

The \$3 million allocation is one-time funding; therefore, ongoing advocacy for diversified funding strategies in order to sustain quality Lifeline center operations is still in development. The revenue sources for the three Lifeline call centers in Kansas are considerably varied. The current operational budgets of the centers range from \$880,000 to \$8,520,000, considering the variance caused by differing service inclusions in the reporting. Detailed responses regarding the variance in operational budgets are located in Appendix B. All 3 call centers include follow-up services within their call center financials.

	Federal	State	County	Private	Fee For Service	Other
Comcare	-	27%	20%	-	39%	14%
JCCMH	-	16%	58%	-	-	26% ⁵
KSPHQ	11%	17%	8%	56%	-	8% ⁶

FIGURE V.
Current
Variable in

⁵ Inclusive of city, federal and OMC funding

⁶ Training Income

Funding Streams

The total projected cost of Year 1 of 988 implementation, according to Vibrant projections from April of 2021, is \$5,934,597. There is \$3 million gap between the Year 1 cost projection and the budget allocation from KDADS.

Vibrant has offered five potential funding solutions for states to consider. Kansas' approach to each of the suggestions are listed below.

1. Raising 988 related fees from telecommunication users
 - a. *HB 2281 (as referenced above)*
2. Direct engagement with State legislative budget committees for 988-specific funding
3. Partnerships with stakeholder groups who may have the ability to contribute to 988 resources (e.g. United Way/20211, private insurers, hospitals, philanthropic organizations)
 - a. *KDADS, Comcare, and JCCMH are unable to fundraise as governmental entities*

Core Area 2: Adequate and Diversified Funding for Lifeline Centers Phase 1 Goals and Action Steps: Pre-Launch (October 1, 2021 – June 30, 2022)

Goal 2.1a: By June 30, 2022, Kansas will have dedicated funding in place to support Lifeline centers in meeting initial 988 call (including follow-up), chat, and text volume. Kansas will also have a plan underway to support the full projected costs to Lifeline centers for meeting the full projected 988 call, chat, and text volume and providing follow-up.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, American Foundation for Suicide Prevention (AFSP) Greater Kansas Chapter, NAMI Kansas

Goal 2.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Engage Erlang-C ⁷ to inform staffing change needed across the state as volume projections rise or actual volume increases, as well as when other Lifeline centers come online	10/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

⁷ Erlang C is a standard formula for determining the number of call center agents are needed based on call volumes, Average Handle Time (AHT), and customer service goals.

Undergo training on Erlang-C in order to engage the formula for data driven decision making in the future.	11/1/2021	12/1/2021	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Disperse and implement KDADS budget for \$3 million supplemental funding	10/1/2021	12/31/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Develop funding contingency plan for 988 implementation and sustainability	10/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Develop key partnerships to enhance efforts of passage of House Bill 2281 before adjournment of the 2022 session.	10/1/2021	5/31/2022	Lead: KSPHQ Partners: NAMI Kansas, AFSP Greater Kansas Chapter
Develop marketing materials in support of reintroduced House Bill in upcoming session	10/1/2021	12/31/2022	Lead: KSPHQ Partners: NAMI Kansas, AFSP Greater Kansas Chapter

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
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Somewhat certain
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Moderately certain
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Very certain
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Completely certain
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Core Area 2: Adequate and Diversified Funding for Lifeline Centers

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 2.2a: By the end of Phase 2 (June 30, 2023), Kansas will have secured sustained funding from diversified sources sufficient to support your Lifeline centers for the dedicated handling of 988 crisis contacts and follow-up calls, including expected annual volume increases.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH

Goal 2.2a Actions Steps

Action Steps	Start Date	Due Date	Lead and Partners
Engage Erlang-C to inform staffing change needed across the state as volume projections rise or actual volume increases, as well as when other Lifeline centers come online	7/1/2022	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Enact funding contingency plan for 988 implementation and sustainability, as needed	7/1/2022	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

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Core Area 3: Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Capacity for Target In-State/Territory Answer Rates

A high priority for priority for KDADS includes ensuring crisis calls, texts, and chats are managed and cared for in-state. Calls, texts, and chats answered in-state helps to guarantee that persons in crisis are cared for in a manner in which the crisis is de-escalated, and callers, texters, and chatters are then connected with the most appropriate supports and services for follow-up care. KDADS, in partnership with local NSPL certified crisis call centers, are working toward achieving an in-state answer rate of 80% by June 30, 2022 and an in-state answer rate of 90% by June 30, 2023. Kansas' answer rates for Lifeline calls, collected in the January-March 2021 quarter, are described below in [Figure VI](#). Data indicates core area 3 needs targeted attention prior to the implementation of 988 to ensure there are not capacity issues throughout the state of Kansas.

FIGURE VI. Kansas NSPL Answer Rates, January-March 2021

State	Routed	Answered In-State	Answered Out-State	In-State Answer Rate
Kansas	4,050	2,925	584	72%

Commented [MG1]: Update data from Stephanie and Laura

Kansas currently has one NSPL Center answering state-wide calls: KSPHQ. KSPHQ is also the only center answering chats, in addition to calls. Comcare and JCCMH, the other NSPL centers in Kansas, have limited coverage responsibility (their county only) in the state. Without the addition of another center, Kansas faces capacity issues especially during peak times, after hours, and for Kansas' rural counties.

The five counties with the highest out-of-state answer rate are Sedgwick (15%), Wyandotte (14%), Reno (13%), Johnson (12%) and Shawnee (11%). Challenges to increasing these answer rates are primarily related to staffing, training, and technology. To increase coverage during high volume periods of time, Comcare and KSPHQ will need to increase the number of volunteer and staff counselors available during peak times. As volume and staffing increases, so too does the need for increased supervision of volunteer and staff counselors for the purposes of support and quality assurance. Centers are challenged with maintaining secure and up-to-date operating systems and hardware, while also integrating a sophisticated phone system for improved call handling and

reporting metrics. With the addition of increasingly complex systems for operation, centers will require additional technical support and assistance from IT professionals for maintenance of systems and training of counselors. Opportunities for KSPHQ, the center that takes the majority of calls from these five counties, are present in KSPHQ's existing staffing model and preliminary staffing plans. KSPHQ maintains an active pool of 70+ volunteer counselors and volunteer counselors with 100-300 hours of experience are ideal candidates for part-time paid counseling positions and supervisor positions. This opportunity addresses recent concern at the state-level of workforce shortages in the mental health and human service industries. Finally, KSPHQ is a recipient of the NSPL Capacity Building Grant, which will conclude its second year at the end of October 2021. As a result of engaging in the Capacity Building Grant, Kansas is better prepared for 988 because work has been completed to increase capacity and increases in the in-state answer rate have been observed. The outcomes achieved and lessons learned during this grant period provide a firmer starting point for 988 capacity building and 988 preparedness.

To understand if current staffing ratios are suited to best meet current and future capacity, the Erlang-C formula was engaged. Call, text and chat volume and average handle time projections found in Vibrant's, "Kansas 988 State Volume and Workload Estimates." This estimate indicates an expected 27,800 calls, 1,100 texts, and 18,700 chats in Year 1. KDADS also completed the Erlang-C with adjusted numbers suggested by Kansas crisis call centers. The numbers provided by crisis call centers reflected the accurate estimates based on practice experience within the state. Utilizing both figures, the average needs to meet projected 988 capacity are found below in [Figure VII](#).

FIGURE VII. Kansas Estimated Capacity Needs

	Agent FTE's	Average Agents per Shift	Maximum Agents per Shift
Calls	14.4	4.5	9.8
Texts	5.3	1.7	3.5
Chats	15.4	4.8	10.2

KDADS and the Kansas crisis call centers are in the process of determining how to use these numbers to inform staffing changes and the best method for achieving state-wide coverage for calls, texts and chats. Staffing efficiently (i.e. Increased staff directed to busy times of the day), using each center's expertise to the states advantage (i.e. Center already answering text and chats to answer most or all texts and chats for the state instead of spreading the volume of calls, texts and chats out evenly), and adding NSPL centers present opportunities to strategically meet and sustain capacity. Barriers to reaching the 80% in-state answer rate are likely to include workforce shortage, training delays, inadequate funding, or unexpected increased call volume.

Core Area 3: Capacity for Target In-State/Territory Answer Rates**Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 3.1a: By June 30, 2022, Kansas will have achieved and maintained an 80% or higher in-state answer rate for Lifeline calls.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH

Goal 3.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Evaluate opportunities to increase in-state answer rate in top 5 counties with highest out-of-state answer rate	10/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Evaluate opportunities to increase in-state answer rate for rural counties	10/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Utilize Erlang-C projections to inform staffing needs across the state	10/1/2021	12/31/2021	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Determine how call, text, and chat capacity will be delegated among Kansas' NSPL centers	10/1/2021	12/31/2021	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Allocate budget from KDADS to centers in order to staff up for capacity	1/1/2022	4/1/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Evaluate need for increased funding/support resources allocated to targeted centers	10/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator)

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Core Area 3: Capacity for Target In-State/Territory Answer Rates**Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

Goal 3.2a: By June 30, 2023, Kansas will have achieved and maintained a 90% or higher in-state answer rate for Lifeline/988 calls.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH

Goal 3.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Monitor in-state answer rate and ascertain opportunities to increase rates in counties with highest out-of-state answer rate	7/1/2022, Quarterly	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Recruit new centers into the NSPL network as needed	7/1/2022	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Elicit feedback via survey to NSPL centers on challenges and proposed solutions to achieving and maintaining 90% or higher in-state answer rate for Lifeline/988 calls	1/1/2023	1/15/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Share feedback from survey and present plan for implementing solution(s)	3/1/2023	3/15/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Core Area 4: Support Crisis Centers in Meeting Lifeline’s Operational Standards, Requirements, and Performance Metrics

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Lifeline Standards and Requirements

KDADS has assessed the alignment of Kansas’ NSPL certified crisis call centers and NSPL’s operational standards, requirements, and performance metrics. To date, KDADS has not enforced standardization of operational standards or performance metrics among crisis call centers. Rather, KDADS has taken a collaborative approach with centers to determine where state-wide expectations, as well as oversight by KDADS, will be established. NSPL certified crisis call centers are empowered to develop quality processes and approaches which align with NSPL requirements. KDADS is dedicated to partnership and oversight while ensuring there are no duplication of efforts between the Lifeline/988 administrator and the state. If states are funded in the future to administrate the NSPL/988 call centers, metrics, and outcome oversight by the state over call centers would be negotiated at that time.

All NSPL crisis call centers in Kansas require, per policy, that each caller is asked about suicidality. An affirmative answer then requires that the counselor conduct a full suicide risk assessment with the caller. The risk assessment used at each center varies, inclusive of either the Columbia Suicide Severity Rating Scale (CSSRS), the Lifeline Safety Assessment, or a suicide risk assessment tool created in-house. Despite variance of the risk assessment utilized, NSPL’s core principles of suicidal desire, capability, intent, and buffers (and associated subcomponents) are incorporated within each of the center’s policies and practices.

The primary goals of Kansas crisis call centers align with NSPL’s best practices; “To ensure that all callers receive effective, high-quality service and are supported to achieve safety and stability.” This best practice is achieved through excellent customer service, collaborative problem solving, accurate risk assessment, and personalized intervention. Counselor training in these practice areas across centers varies, but are all inclusive of some combination of the following: counseling skills, customer service, crisis intervention, suicide prevention, coordination of care, treatment planning, and working with special populations (i.e. Co-occurring, youth, LGBTQ), as well as evidence-based practices of motivational interviewing, trauma informed care, screening brief intervention and referral to treatment (SBRIT), Applied Suicide Intervention Skills Training (ASIST), Solution Focused Brief Therapy (SFBT), and Crisis Intervention Team (CIT). This can be seen in the table, on the following page, in [Figure VIII](#).

FIGURE VIII. Kansas Call Center's Training and Evidence Based Practices

Training and Evidence Based Practices	KSPHQ	JCCMH	Comcare
Special Populations	•	•	•
Counseling Skills	•	•	•
Customer Service	•	•	•
Suicide Prevention	•	•	•
Coordination of Care	•	•	•
Crisis Intervention	•	•	•
Treatment Planning		•	•
Trauma Informed Care	•	•	•
Motivational Interviewing	•	•	•
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	•	•	
Applied Suicide Intervention Skills Training (ASIST)	•	•	
Crisis Intervention Training (CIT)	•	•	

Call centers in Kansas utilize different technology and platforms for call management. To document calls, Comcare and JCCMH use their electronic medical record, My Avatar (A product of Netsmart) and KSPHQ uses iCarol (and PureConnect for chat). For Automatic Call Distribution (ACD), KSPHQ is in the development stage of utilizing Pure Connect and JCCMH is in the development stage of utilizing Cisco Finesse. Comcare does not have an ACD system currently but is evaluating the possibility of using Cisco Contact Center Express or Finesse. Each center has identified benefits and challenges to their systems. Benefits, seen below in [Figure IX](#), include being user-friendly, data collection capability, supervisor monitoring, and caller ID, while challenges include lack of technical assistance, bottle-necking calls, inability to view incoming, missed, or source (i.e. NSPL, crisis line, general line) of call, and data collection errors. Data collection, highlighted as both a benefit and challenge, is an important feature to centers so they can use the data to inform data driven decisions (Note: Kansas does not have specific data collection requirements outside of Lifeline requirements). In anticipation of Vibrant adopting a unified platform, centers also note that features of call recording, automated feedback surveys, ability to communicate with supervisory/support staff, ease of accessing records of previous calls, seamless integration with call log software, ability to schedule outbound calls while passing information on to the staff responsible for calling, recognition of calls for "experienced or regular" callers would be useful to best serve their callers.

FIGURE IX. Desirable Features of Kansas Call Center’s Customer Relationship Management and Contact Center Systems

Technology/ Platform	MyAvatar	iCarol	Pure Connect	Cisco Finesse
User Friendly	•	•	•	
Data collection capability	•	•	•	•
Supervisor monitoring capability			•	•
Caller ID			•	•
Technical support available	•	•	•	•

From the perspective of counselors and supervisors, the adoption of a unified platform presents several opportunities to better serve callers. First, a unified platform that utilizes a single platform for the contact center system and the customer relationship management system stands to reduce the average call handle time per call by improving efficiency through automation. In turn, a reduction in the average call handle time means counselors are available sooner, able to take necessary breaks, and receive supervision. Additionally, silent monitoring functions present opportunities for quality assurance processes, real-time coaching, and improved care coordination. Finally, the proposed unified platform will link counselors and callers to resources that are up-to-date and geographic specific, thus improving linkages to care. Ease of use for counselors and supervisors appears to a primary means of improving the counselor experience, and therefore improving the services provided to callers.

Challenges to adoption of the unified platform are primarily related to call center operations at the systems level. For example, KSPHQ has entered contractual agreements with telephone service providers and contact center system vendors that extend beyond the anticipated rollout of a unified platform. Solutions to this challenge have not been proposed at this time. Additionally, the anticipated policies related to data storage and silent monitoring have not been disclosed by Vibrant, which creates challenges to internal call center policy development and implementation. Lastly, all three Kansas call centers operate other phone lines in addition to 988. In order to ensure ease of use for counselors and ensure callers receive the best care possible, centers will likely need to move all crisis center operations to a unified platform at a cost to the call center.

Planning in this core area thus far has consisted primarily of ascertaining the center’s current practices regarding standards, requirements, metrics, and platform. The Kansas 988 Planning Team has engaged in discussion specific to state-wide expectations. The next planning steps will include moving that conversation into decision making.

Core Area 4: Lifeline Standards and Requirements**Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 4.1a: By June 30, 2022, KDADS will have set minimum operational and clinical standards for Kansas crisis call centers and provided the support for achieving and maintaining those standards.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH

Goal 4.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Review current operational and clinical practices at centers and compare to NSPL standards	7/1/2021	9/30/2021	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Set minimum suicide risk assessment standards, inclusive of determining if/which suicide risk assessment will be required state-wide, and produce and distribute related guidelines and policies	9/30/2021	4/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Set minimum imminent risk standards and produce and distribute related guidelines and policies	9/30/2021	4/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Set minimum training standards for counselors, inclusive of determining if/which topic areas and evidence-based training will be required state-wide, and produce and distribute related guidelines and policies	9/30/2021	4/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Develop and distribute a state-wide Quality Improvement Monitoring Tool to be used by supervisors to ensure a good contact (Supportive approach, active listening, collaborative problem-solving), risk assessment (Including following imminent risk procedures), and provision of referrals/resources.	9/30/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
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Somewhat certain
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Moderately certain
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Very certain
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Completely certain
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Goal 4.1b: By June 30, 2022, KDADS will have set minimal performance metrics for Kansas crisis call centers and have provided support for achieving and maintaining those standards.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH

Goal 4.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Discuss and develop minimum performance metrics, inclusive of answer rate, time to answer, and calls routed to national back up, according to best practice and NSPL requirements	7/1/2021	9/1/2021	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos) Partners: Comcare, KSPHQ, JCCMH
Set minimum performance metrics	9/1/2021	10/1/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, Kelly Amos until 9-30-2021 and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Develop process for holding centers accountable to achieving performance metrics	10/1/2021	12/31/2021	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Provide support (resources, tools, etc) for achieving and maintaining performance metrics	10/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator)

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
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Somewhat certain
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Moderately certain
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Very certain
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Completely certain
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Core Area 4: Lifeline Standards and Requirements**Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

Goal 4.2a: By June 30, 2023, KDADS will monitor crisis call center adherence to operational and clinical standards and improve services to better meet the needs of their callers, including specific populations (i.e. LGBTQ, Veterans, rural/frontier communities, and those who have historically experienced health disparities).

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH

Goal 4.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Monitor crisis call center adherence to operational and clinical standards	7/1/2022	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator)Partners: Comcare, KSPHQ, JCCMH
Monitor results of Quality Improvement Monitoring Tool	7/1/2022	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Identify areas for improvement in clinical performance and suggest ways to fill training gaps	12/31/2022	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator)Partners: Comcare, KSPHQ, JCCMH
Engage members of specific populations to identify ways to improve services	7/1/2022	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Implement at least two strategies to better meet the needs of specific populations	12/31/2022	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Goal 4.2b: By July 30, 2022, KDADS will collect, monitor, and report on performance metrics.

Personnel/Partners: KDADS

Goal 4.2b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Collect performance metrics data from crisis call centers	7/30/2022, Monthly	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Monitor performance metrics	7/30/2022, Monthly	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Report on performance metrics data from crisis call centers (i.e. To crisis call centers, 988 Coalition, community)	7/30/2022, Quarterly	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Problem-solve around barriers to collecting data on and achieving performance metrics	7/30/2022	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Goal 4.2c: By September 30, 2022, KDADS will explore the process and timeline for adopting the unified contact management and call routing platform.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH

Goal 4.2c Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Create a team to explore the process to adopt the unified platform and map out transition steps.	7/1/2022	9/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Analyze the following factors related to adopting the unified platform: 1) barriers, 2) state/territory-specific needs, and 3) adoption timeline	10/1/2022	1/1/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation

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Background: Current Situation, Gaps, Progress, and Proposed Approach: 988 Stakeholder Coalition

In April 2021, Kansas Department for Aging and Disability Services (KDADS) initiated a multi-stakeholder coalition to inform planning for implementation of 988. The purpose of the 988 Coalition was furthermore defined in the Kansas 988 Coalition Charter as “existing to encourage and complement the efforts of high-quality, coordinated, and sustainable 988 implementation planning in Kansas. Leveraging a diverse group of committed stakeholders from urban, suburban and rural Kansas, this Coalition offers advisory guidance to the 988 Planning Team on crisis system function while striving to support 988 implementation that places persons in crisis at the center of the solution.” The primary function of the 988 Coalition is to obtain input and collaborate on key decisions about 988 and related crisis services.

The 988 Coalition in Kansas has met monthly for a duration of 1.5 hours each month. The virtual communication platform Microsoft Teams has been used to connect participants. The 988 Coalition members were invited to participate by KDADS based on experiences, expertise and insight of subject matter related to Crisis Call Centers and 988 implementations. Members include providers of crisis services, law enforcement leaders, 911 leaders, peer support service providers, suicide prevention advocacy groups, and persons with lived experience. Names and affiliations of members are listed below. Individuals within the coalition represent many communities inclusive of persons with lived experience, survivors of suicide, LGBTQ+, and native communities. An effort was made at the start of the grant to invite as many individuals as possible, this effort will continue. Of note is the importance the Kansas 988 Coalition has placed on engaging persons with lived experience in the conversation, as evidenced by ensuring their regular meeting attendance and opportunities to speak, as well as service providers in rural/ frontier communities, considering the large amount of rural/ frontier area in Kansas. JCCMH is in the process of integrating within the Johnson County 911 center. This pilot will be monitored for potential replication throughout the state. In addition to the integration, 911 leaders are active within the 988 Coalition.

To date, 988 Coalition meetings have been focused on eliciting feedback from stakeholders via large and small group discussion on strategies for achieving each of the eight-core planning considerations: 1) 24/7 coverage of 988 calls, chats and texts, 2) financial stability, 3) capacity building, 4) operational, clinical and performance standards, 5) multi-stakeholder coalition, 6) linkage to local

crisis services, 7) follow-up services, and 8) consistency in public messaging. The input and recommendations that emerged from these discussions are reflected throughout the implementation plan. 988 Coalition meetings have also featured presentations by subject matter experts, including those on topics of the origin and application of 988, Crisis Call Center operations, the behavioral health landscape, behavioral healthcare in rural/ frontier communities, and 911 call routing. Presentations have been, and will continue to be, informed by key concerns and questions raised by Coalition members.

The 988 Coalition will be a subcommittee of the states Suicide Prevention Coalition, beginning in 2022 and will meet monthly.

FIGURE X. 988 Coalition Meeting Schedule and Topics Discussed

Meeting Date	Topic Discussed	Number of Coalition Member Attendees
April 14, 2021	Introduction to 988, Establishing a coalition charter	31
May 12, 2021	Introduction to call center operations at KSPHQ, Strategies for Core Areas 1-4	23
June 19, 2021	Behavioral healthcare in rural/ frontier communities, Strategies for Core Areas 6-8	20
July 14, 2021	Behavioral health landscape in KS, 911 call routing	26
August 18, 2021	Introduction to call center operations at Healthsource Integrated Solutions	24
September 15, 2021	Outstanding 988 questions, Reflection and future direction of 988 Coalition	19

In addition to the 988 Coalition, KDADS has established a 988 Planning Team. The 988 Planning team meets for one hour, bi-monthly, channeling the 988 Coalition's feedback into action. Their purpose, as outlined in the 988 Planning Team Charter, is "to develop and follow a high-quality, coordinated, and sustainable 988 implementation plan in Kansas." This team is comprised of select members from KDADS and Kansas' Crisis Call Centers; Comcare, KSPHQ, and JCCMH. Names of the 988 Planning Team members are bolded in the membership table below. The members of the 988 Planning Team are subject matter experts in crisis call centers. In addition to these subject matter experts, KDADS has engaged TBD Solutions, a consultancy supporting behavioral health care organizations in crisis system design, function, and performance, to facilitate and contribute to 988 Planning Team meetings.

The 988 Coalition and Planning Team will continue to operate up to and beyond the launch of 988 in July 2022. Prior to launch, dialogue will continue to focus on the eight core planning considerations, in service of a strong implementation effort. Continuation of the 988 Coalition prior to the launch of 988 will also serve to foster ongoing collaboration and further strengthen partnerships among community stakeholders. Post-launch, the Coalition will continue to operate in an effort to engage continuous quality improvement as data, standards and partnerships further develop, and to trouble shoot barriers.

Goal 5.1a: By September 30, 2021, Kansas will have a committed group of stakeholders regularly attending and contributing to 988 Coalition meetings.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH

Goal 5.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Evaluate membership to ensure the right stakeholders are invited and attending	4/1/2021	6/30/2022, Quarterly	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Reach out to unengaged Coalition members to re-engage and reinforce their value	4/1/2021	6/30/2022, Quarterly	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Ensure participation by key populations, including people with lived experience and rural/ frontier communities	4/1/2021	6/30/2022, Quarterly	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
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Somewhat certain
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Moderately certain
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Very certain
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Completely certain
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Goal 5.1b By June 30, 2021, Kansas will have obtained input and collaborated on key decisions about 988 and related crisis services.

Personnel/Partners: KDADS, 988 Coalition members, Comcare, KSPHQ, JCCMH

Goal 5.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Assess for important 988 Coalition discussion topics and add to meeting agenda	4/1/2021	6/30/2022, monthly	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator)
Elicit feedback on eight core implementation considerations and make informed decisions	4/1/2021	6/30/2022, monthly	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator)
Present subject matter expertise on 988 and related crisis services to inform planning	4/1/2021	6/30/2022, monthly	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: 988 Coalition Members
Partner and plan with mobile crisis, facility-based crisis services, hospitals, and 911	4/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
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Moderately certain
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Very certain
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Completely certain
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Core Area 5: 988 Stakeholder Coalition**Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

Goal 5.2a: By June 30, 2023, Kansas will have a committed group of stakeholders regularly attending and contributing to 988 Coalition meetings.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH

Goal 5.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Evaluate membership to ensure the right stakeholders are invited and attending	7/1/2022	6/30/2023, Quarterly	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Reach out to unengaged Coalition members to re-engage and reinforce their value	7/1/2022	6/30/2023, Quarterly	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Ensure participation by key populations, including people with lived experience and rural/ frontier communities	7/1/2022	6/30/2023, Quarterly	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Establish a 988 Listserve	7/1/2022	8/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator)

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Goal 5.2b By June 30, 2022, Kansas will have identified and overcome barriers to successful 988 implementation.

Personnel/Partners: KDADS, 988 Coalition members, Comcare, KSPHQ, JCCMH

Goal 5.2b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Assess for important 988 Coalition discussion topics and add to meeting agenda	7/1/2022	6/30/2023, monthly	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator)
Collaborate on working with special populations such as LGBTQ, Veterans, rural/frontier communities, and those who have historically experienced health disparities and identify considerations, resources, and/or training opportunities	7/1/2022	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: 988 Coalition Members, Comcare, KSPHQ, JCCMH
Discuss barriers and challenges with 988 implementation and identify solutions	7/1/2022	6/30/2023, Quarterly	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: 988 Coalition, Comcare, KSPHQ, JCCMH
Elicit feedback via survey on 988 Coalition structure, function, and opportunities	7/1/2022, 12/30/2022	7/15/2022, 1/15/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator)

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Moderately certain

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Very certain

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Completely certain

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Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Comprehensive Resource Listings; Plan for Expanded Services

The state of Kansas has a population of 2.9 million individuals, with a population density of 35.6 inhabitants per square mile. Throughout the states 105 counties, 26 Community Mental Health Centers (CMHCs) provide quality care, treatment, and rehabilitation to individuals with mental health problems in the least restrictive environment. In Kansas, more than 97% of individuals seeking behavioral health treatment receive it through a CMHC.⁸ The development of a comprehensive resource listing and the ability to provide warm hand-offs when crisis service linkages need to be engaged is vital within the state of Kansas. The partnership between NSPL crisis call centers and the CMHCs is of the utmost importance.

The Lifeline center network agreement specifies that “Callers be given an appropriate array of options with respect to treatment, care and/or follow-up, which options shall not be limited in any manner to organizations, facilities or providers affiliated with or related to the Center.” To deliver an appropriate array of options to callers, KDADS and the NSPL centers will develop a process to develop and update a comprehensive resource list. According to Vibrant, it is anticipated that the unified platform will enable centers to access local and national resources that are informed in part by state-and center-level referral listings. Until the unified platform exists, KDADS will take the lead in this endeavor.

[Comprehensive Resource Listings](#)

The 988 Coalition has engaged stakeholders in dialogue specific to existing resources as well as resource listings. JCCMH currently utilizes My Resource Connection (MyRC). Additional databases exist, including Aunt Bertha, Zocdoc.com, connectwithiris.org, and the comprehensive referral database utilized by the Kansas government. Utilizing existing resources, as well as the knowledge of the NSPL Call Centers, a resource listing will be developed as referenced below in the ‘Phase 1 goals and action steps.’ Currently, each of the three centers maintain internal resource lists, and train call center staff appropriately. Appendix D includes resource lists from each center.

⁸ [Information on Community Mental Health | Association of Community Mental Health Centers of Kansas, Inc. \(acmhck.org\)](#)

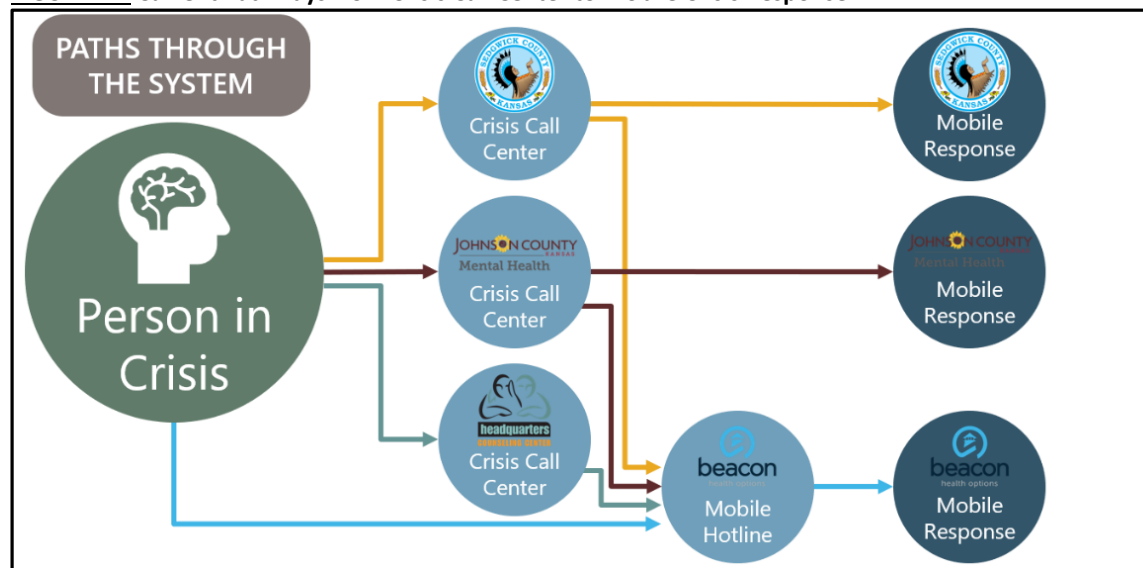
Potential for Expanded Crisis Services and Linkages

According to Vibrant, providing linkages to services describes a continuum in terms of the formality of the relationship between the crisis center and the service. At the informal end of the spectrum, providing linkages means understanding a service or resource well enough to know if it is appropriate to suggest to the person in crisis when helping them create a safety plan, offering referrals, or assisting them in accessing services. More formal relationships may include a memorandum of understanding (MOU) or contract between the crisis center and service or other formal connections such as shared dispatch or real-time access to data such as the availability of beds.

The 988 Planning Team continues to engage with leaders from 911 dispatch centers and Public Safety Answering Points (PSAP's), to discuss what partnership can and should look like for implementation of 988 in Kansas. Currently, relationships are being developed and planning requires continued engagement.

Kansas is in the process of rolling out statewide mobile crisis services. Key components of the rollout, inclusive of service delivery and interaction between the contracted provider and the NSPL call centers, are yet to be fully developed. However, partnership and the ability to provide warm handoffs in service of the person served is a priority for KDADS. Children's mobile crisis will begin in the fall of 2021, with adult services shortly behind. The current iteration of mobile crisis deployment is demonstrated in [Figure XII](#) below. Continued planning is engaged with the goal of ease of service engagement for the person served at top of mind.

FIGURE XII. Current Pathways from Crisis Call Center to Mobile Crisis Response



Core Area 6: Comprehensive Resource Listings; Plan for Expanded Services**Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 6.1a: By June 30, 2022 each Lifeline crisis center in Kansas will have up-to-date referral resources for people in crisis that include the minimum required resources, referrals and linkages listed below.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, 988 Coalition

Goal 6.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Complete assignments within the existing service list, developed based on minimum requirements outlined within the grant RFA.	9/1/2021	11/1/2021	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Utilizing existing service lists, the Landscape Analysis and resources shared within the 988 Coalition-develop a comprehensive listing of all available resources, referrals, and linkages within Kansas. The resource list will meet the minimum requirements outlined within the grant RFA.	11/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH, 988 Coalition
KDADS to decide what role it will take in compiling and updating the comprehensive list and ensuring all centers have access.	10/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator)
Develop a comprehensive process for updating the listing of available resources, referrals, and linkages at least annually.	11/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Develop warm handoff procedures, including the use of MOU's as needed, between all referral and linkage destinations and Kansas NSPL Crisis Call Centers.	9/1/2021	6/30/2022	Lead: KSPHQ Partners: Comcare, JCCMH
Develop and hire role with primary responsibility related to maintaining referrals and linkages with KSPHQ.	10/1/2021	6/30/2022	Lead: KSPHQ

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain ☐ Somewhat certain ☐ Moderately certain ☐ Very certain ☒ Completely certain ☐

Goal 6.1b: By 6/30/2022 Kansas will have a clear process for engaging 988 with Public Safety Answering Points (PSAP's), 911 dispatch centers, and mobile crisis providers.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, 988 Coalition, PSAP leaders, 911 dispatch center leaders, Beacon

Goal 6.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Meet regularly with PSAP and 911 dispatch center leadership to develop strategies for sensical and meaningful 911 and 988 engagement, that best serves the caller.	9/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH, PSAP leaders, 911 dispatch center leaders
Review draft processes related to 911 and 988 engagement with the 988 coalition for stakeholder feedback.	9/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH, PSAP leaders, 911 dispatch center leaders, 988 Coalition
Develop warm handoff process between Beacon and NSPL Call Centers to ensure ease of service delivery to persons served and avoid iatrogenic harm.	9/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH, Beacon

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain ☐ Somewhat certain ☐ Moderately certain ☐ Very certain ☒ Completely certain ☐

Core Area 6: Comprehensive Resource Listings; Plan for Expanded Services

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 6.2a: By June 30, 2023 all Lifeline centers in Kansas will have access to a shared, comprehensive statewide/territory-wide list of resources, referrals, and linkages.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, 988 Coalition

Goal 6.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Work with Vibrant to include comprehensive resource listing within the unified platform.	7/1/2022	9/30/2023	Lead: Comcare, KSPHQ, JCCMH
Follow-through on comprehensive process for updating the listing of available resources, referrals, and linkages at least annually.	7/1/2022	9/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

☒

Completely certain

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Core Area 7: Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Provide Follow-Up Services

Nationwide research continues to demonstrate the vital nature of follow-up for individuals engaged in behavioral health crisis services, including crisis hotline callers. According to the National Suicide Prevention Lifeline's (NSPL) best practices website, follow-up is defined as any correspondence (typically within 24-48 hours of initial contact) designed to check in with individuals who have recently experienced a suicide crisis to assess their well-being and level of risk and to support them as they continue their journey towards recovery. The 24/7 availability of crisis call centers' services are invaluable to risk mitigation. When crisis call centers follow up with medium to high-risk callers, studies show that centers help to minimize ideation, hopelessness, and psychological pain.⁹ Follow-up by crisis call centers is also cost effective; it has been shown to reduce emergency department utilization. [Figure XIII](#) demonstrates the current structure of processes and approach at each NSPL call center specific to follow-up services.

FIGURE XIII. Kansas NSPL Centers Follow-Up Approaches

	Follow-Up Enrollment Criteria ¹⁰	Safety Plan Development ¹¹	Comprehensive Follow-Up ¹²	Consent Process	Phone Follow-Up	Text Follow-Up	Email Follow-Up	Home Visits	Track Outcomes
Comcare	Y	Y	Y	Y	Y	N	N	Y	N
JCCMH	Y	Y	N	Y	Y	N	Y	Y	N
KSPHQ	Y	Y	Y	Y	Y	N	Y	N	Y

With the understanding that “follow-up” refers to crisis centers reaching out to contact callers, chatters, and texters to check in within the few days following their Lifeline contact, all Lifeline centers in Kansas are currently engaging in follow-up to Lifeline callers based on Lifeline best practices and guidelines. All centers are currently in alignment with 988 best-practices. KDADS expects that as

⁹ [Best Practices : Lifeline \(suicidepreventionlifeline.org\)](https://www.suicidepreventionlifeline.org/best-practices)

¹⁰ Varying criteria for follow-up enrollment, however all centers do utilize clear enrollment criteria. Variances include: Risk/acuity level needed for follow-up to automatically occur. KSPHQ provides follow-up for any caller who may benefit, regardless of risk/acuity.

¹¹ Collaborative Safety Planning is Engaged

¹² Follow-Up Process should be inclusive of minimum number of contacts to each participant, maximum number of contact attempts within a defined timeframe, general guidelines for content, and general goals for follow-up program

the administrator of the NSPL/988, vibrant will provide this oversight. KDADS will not provide oversight specific to best practices in the call centers. KSPHQ answers Lifeline chats, in addition to calls, and provides the same follow-up services for individuals engaged in chat services as they do for callers. There is no differentiation between follow-up for Lifeline contacts as compared to general crisis call line engagers; all individuals contacting Lifeline call centers in Kansas will be the recipient of the same follow-up care. Follow-up engagement is dependent upon the assessed needs and level of risk of each individual caller. The table below compares the current follow-up engagement for each of the Lifeline call centers in Kansas compared to Lifeline standards.

Call center counselors are trained to follow-up with callers using the practices and principles of Structured Follow-up and Monitoring, developed by the New York State Office of Mental Health, Columbia University, and the Lifeline. While the online version of this training is no longer available, through the Zero Suicide Institute, KSPHQ trains counselors to utilize similar processes for caller engagement, assessment of risk, documentation, and continued monitoring.

Core Area 7: Provide Follow-Up Services

Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

Goal 7.1a: By June 30, 2022, Kansas will specify which center(s) will collectively be ready to handle a minimum of 50% follow-up/outbound call volume projected in their 988 Year 1 Cost and Volume Projections report.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, HIS

Goal 7.1a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Develop process for KDADS to monitor total calls received and attempts for follow-up calls	10/1/2021	3/31/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ JCCMH
Ensure consistent monitoring of follow-up calls	4/1/2022	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator)
Develop data process for 988 follow-up calls	10/1/2021	3/31/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator)

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Goal 7.1b: By the end of Phase 1 (6/30/2022), all Lifeline Call Centers will be aligned with Lifeline standards for follow-up services.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, HIS

Goal 7.1b Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Develop a comprehensive follow-up process, inclusive of minimum number of contacts to each participant, maximum number of contact attempts within a defined timeframe, general guidelines for content, and general goals for follow-up program	10/1/2021	3/31/2022	Lead: JCCMH
Develop follow-up data tracking process in which disposition for individuals is tracked, rather than overall numbers	10/1/2021	3/31/2022	Lead: JCCMH& Comcare Partners: KSPQH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

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Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Core Area 7: Provide Follow-Up Services**Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

Goal 7.2a: By June 30, 2023, Kansas will specify which center(s) will collectively be ready to handle a minimum of 100% follow-up/outbound call volume projected in their 988 Year 1 Cost and Volume Projections report.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, HIS

Goal 7.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Using the established monitoring process and analyzed data, KDADS will specify which Lifeline call centers will handle follow-up services moving forward	7/1/2022	8/1/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
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Somewhat certain
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Very certain
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Completely certain
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Core Area 8: Plan and Implement Marketing for 988 in Your State/Territory

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Background: Current Situation, Gaps, Progress, and Proposed Approach: Marketing and Communications Plan for 988

Kansas Department of Aging and Disability Services (KDADS) has taken preliminary steps in developing a marketing and communication plan for the implementation of 988 in Kansas. KDADS has engaged in discussion with crisis call centers over important messages to include (i.e., 988 differs from 911) and exclude (i.e., 988 text is up and running), potential messaging strategies and vendors, and budgetary considerations in order to implement state-wide marketing and messaging.

Kansas recognizes the values of alignment with Vibrant and SAMSHA's specific to 988 messaging. Kansas is also prioritizing consistency across organizations, intentional considerations of unique populations, and reaching those most in need of 988 services.

Each NSPL Call Center within has engaged in marketing endeavors, including county-wide messaging and promotion of service availability, stigma reduction campaigns, and informational efforts. In addition to utilizing the experiential knowledge of each subject matter expert involved in planning and application, research and planning are a vital component of implementing marketing strategies for the most successful 988 implementation.

An effort will continue to be made to appropriately message 988 to a statewide audience, inclusive of at-risk populations. Crisis touches every community; including LGBTQ+, rural and frontier communities, and native communities. The desire of KDADS is that all Kansas citizens would know to call 988 in a behavioral health crisis, just as they know to call 911 for non-behavioral health crisis.

Core Area 8: Marketing and Communications Plan for 988**Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

Goal 8.1a: By June 30, 2022, Kansas will have a 988-messaging strategy and plan for implementation of said strategy.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, 988 Coalition, future marketing partners

Goal 8.1a: Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Utilizing stakeholder feedback, identify key goals of 988 messaging	9/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH, 988 Coalition, future marketing partners
Ensure the inclusion of individuals with lived experience, peers, communities of color and other groups that have been historically marginalized or excluded in 988 marketing efforts and planning	9/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH, 988 Coalition, future marketing partners
Identify strategies for developing and disseminating audience-specific messages (groups at high risk of suicide, including LGBTQ, youth, and Tribal communities)	9/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH, 988 Coalition, future marketing partners
Test messages with each audience (i.e. Policy makers, adults in crisis) during message development process to ensure materials have the intended effect on audience	9/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH, future marketing partners
Identify distribution channels for Kansas' 988 messaging	9/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH, future marketing partners

Action Steps	Start Date	Due Date	Lead and Partners
Propose budget for each messaging channel (i.e. Print, Video, Radio, Social Media, Television, Stakeholder Groups, Events, etc.)	9/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Develop a marketing plan for implementing messages starting in Phase 2	9/1/2021	6/30/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Kelly Amos until 9-30-2021, Program Coordinator) Partners: Comcare, KSPHQ, JCCMH, future marketing partners
Determine a state agency 988 public relations point of contact to work with Vibrant Communications Team	1/1/2022	4/1/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain
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Somewhat certain
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Moderately certain
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Very certain
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Completely certain
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Core Area 8: Marketing and Communications Plan for 988

Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

Goal 8.2a: By June 30, 2023, Kansas will implement their 988-messaging strategy.

Personnel/Partners: KDADS, Comcare, KSPHQ, JCCMH, future marketing partners

Goal 8.2a Action Steps

Action Steps	Start Date	Due Date	Lead and Partners
Finalize messaging materials, including those customized to Kansas that outlines how 988 embeds within Kansas' crisis continuum of care	7/1/2022	9/1/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH, future marketing partner
Review Vibrant and SAMHSA's messaging guidance about 988's scope, operations, and role in the crisis services continuum, including timing,	7/1/2022	9/1/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Action Steps	Start Date	Due Date	Lead and Partners
key messages, and branding, to ensure any messaging to the public about 988 is aligned with such guidance.			
Disseminate national level public messaging/marketing materials provided by Lifeline and SAMHSA, as well as those customized for Kansas, aligned across organizations	9/1/2022	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator)
Develop a plan for tracking metrics and public messaging campaign impacts	9/1/2022	12/1/2022	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH
Engage targeted audience focus groups within Kansas to elicit feedback and input on message effectiveness for target audiences	1/1/2023	6/30/2023	Lead: KDADS (Stephanie Rhinehart, Laura Brake, and Program Coordinator) Partners: Comcare, KSPHQ, JCCMH

Please rate how certain or uncertain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

☐

Somewhat certain

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Moderately certain

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Very certain

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Completely certain

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Appendix A

(Planning Team Members are **bolded**)

Name	Affiliation	Name	Affiliation
Andy Brown	KDADS	Kellie Hansreid	KS Dept. Children and Families (DCF)
Angela Murphy	National Emergency Number Association (NENA), Association of Public-Safety Communications Officials (APCO), Next Generation 911 Council	Kelly Amos	KDADS
		Leslie Bissell	Southwest Guidance Center
		Leslie Hale	KDADS
		Lindsey Spooner-Gabaldon	KDADS
Ashley Grill	JCCMH, <i>*Lived Experience</i>	Mallory Bouwman	TBD Solutions
Barb Mares	American Foundation for Suicide Prevention, <i>*Lived Experience</i>	Mark Stump	United Way of the Plains
		Mary Jones	Mental Health Association
Beth Oaks	United Way of the Plains	Michele Heydon	KDADS
Brenda Adams	Peer Support Service Provider	Michelle Miller	Comcare *NSPL Center
Brenda Soto	KDADS	Michelle Ponce	Association of CMHCs of Kansas
Chad Childs	Sedgwick County Suicide Prevention Coalition, <i>*Lived Experience</i>	Mitzie Tyree	KDADS
		Monica Kurz	KSPHQ *NSPL Center
Christine Swenson	Wyandot Center	Myranda Green	TBD Solutions
Lori Marshall	Healthsource Integrated Solutions	Nanette Perrin	Sunflower Health Plan
Daina Zolck	KS Dept. Health and Environment	Nick Wood	Interhab
David Anderson	High Plains Mental Health Center	Nicole Fenoglio	Stop Suicide ICT
David Larson	NAMI Kansas	Phill Ryan	Kansas 911 Coordinating Council
Elizabeth Bernasek	Beacon Health Options	Rebecca Mangel	Comcare *NSPL Center
Frances Breyne	Beacon Health Options	Rob MacDougall	JCCMH
Gary Henault	KDADS	Ryan Reza	NAMI Kansas
Gina Meier-Hummel	Attorney General's Office, <i>*Kansas Youth Suicide Prevention Coordinator</i>	Scott Ekberg	Kansas 911 Coordinating Council
		Shana Burgess	JCCMH
Jan Ulrich	Vibrant	Shawna Wright	University of Kansas Medical Center
Jared Auten	KSPHQ *NSPL Center	Shelly May	JCCMH
Jeff Avery	JCCMH	Sherri Vaughn	NAMI Kansas
Jennifer Wilson	Comcare *NSPL Center	Stephanie Rhinehart	KDADS
Josh Michaelis	Rice County 911	Travis Atkinson	TBD Solutions
Joshua Klamm	Law Enforcement	Valorie White	United Way of the Plains
KC Johnson	Healthsource Integrated Solutions	Vijay Ramasamy	Governor's Office

Appendix B Coverage Area Schedule Worksheet

Lifeline/988 Calls - Coverage

Kansas

Primary Coverage - Calls

County	KSPHQ	Comcare	JCCMH	Gaps in 24/7 Primary Coverage	Describe Gaps in 24/7 Primary Coverage
Any Primary Coverage	Y or N	Y or N	Y or N		
Example County	all (countywide); 8am-8pm 7 days		222 & 333 area codes; 8pm-8am 7 days	Y	999 area code; 8pm-8am 7 days
Allen	Y			N	
Anderson	Y			N	
Atchison	Y			N	
Barber	Y			N	
Barton	Y			N	
Bourbon	Y			N	
Brown	Y			N	
Butler	Y			N	
Chase	Y			N	
Chautauqua	Y			N	
Cherokee	Y			N	
Cheyenne	Y			N	
Clark	Y			N	
Clay	Y			N	
Cloud	Y			N	
Coffey	Y			N	
Comanche	Y			N	
Cowley	Y			N	
Crawford	Y			N	

Decatur	Y			N	
Dickinson	Y			N	
Doniphan	Y			N	
Douglas	Y			N	
Edwards	Y			N	
Elk	Y			N	
Ellis	Y			N	
Ellsworth	Y			N	
Finney	Y			N	
Ford	Y			N	
Franklin	Y			N	
Geary	Y			N	
Gove	Y			N	
Graham	Y			N	
Grant	Y			N	
Gray	Y			N	
Greeley	Y			N	
Greenwood	Y			N	
Hamilton	Y			N	
Harper	Y			N	
Harvey	Y			N	
Haskell	Y			N	
Hodgeman	Y			N	
Jackson	Y			N	
Jefferson	Y			N	
Jewell	Y			N	
Johnson			Y	N	
Kearny	Y			N	
Kingman	Y			N	
Kiowa	Y			N	
Labette	Y			N	

Lane	Y			N	
Leavenworth	Y			N	
Lincoln	Y			N	
Linn	Y			N	
Logan	Y			N	
Lyon	Y			N	
Marion	Y			N	
Marshall	Y			N	
McPherson	Y			N	
Meade	Y			N	
Miami	Y			N	
Mitchell	Y			N	
Montgomery	Y			N	
Morris	Y			N	
Morton	Y			N	
Nemaha	Y			N	
Neosho	Y			N	
Ness	Y			N	
Norton	Y			N	
Osage	Y			N	
Osborne	Y			N	
Ottawa	Y			N	
Pawnee	Y			N	
Phillips	Y			N	
Pottawatomie	Y			N	
Pratt	Y			N	
Rawlins	Y			N	
Reno	Y			N	
Republic	Y			N	
Rice	Y			N	
Riley	Y			N	

Rooks	Y			N	
Rush	Y			N	
Russell	Y			N	
Saline	Y			N	
Scott	Y			N	
Sedgwick		Y		N	
Seward	Y			N	
Shawnee	Y			N	
Sheridan	Y			N	
Sherman	Y			N	
Smith	Y			N	
Stafford	Y			N	
Stanton	Y			N	
Stevens	Y			N	
Sumner	Y			N	
Thomas	Y			N	
Trego	Y			N	
Wabaunsee	Y			N	
Wallace	Y			N	
Washington	Y			N	
Wichita	Y			N	
Wilson	Y			N	
Woodson	Y			N	
Wyandott	Y			N	
Comments					

Backup Coverage - Calls					
County	KSPHQ	Comcare	JCCMH	Gaps in 24/7 Backup Coverage	Describe Gaps in 24/7 Backup Coverage
Any Backup Coverage	Y or N	Y or N	Y or N		
Example County		24/7 M-F		Y	No in-state backup coverage Sat & Sun 24 hrs
Allen	Y			Y	
Anderson	Y			Y	
Atchison	Y			Y	
Barber	Y			Y	
Barton	Y			Y	
Bourbon	Y			Y	
Brown	Y			Y	
Butler	Y			Y	
Chase	Y			Y	
Chautauqua	Y			Y	
Cherokee	Y			Y	
Cheyenne	Y			Y	
Clark	Y			Y	
Clay	Y			Y	
Cloud	Y			Y	
Coffey	Y			Y	
Comanche	Y			Y	
Cowley	Y			Y	
Crawford	Y			Y	
Decatur	Y			Y	
Dickinson	Y			Y	
Doniphan	Y			Y	
Douglas	Y			Y	
Edwards	Y			Y	

Elk	Y			Y	
Ellis	Y			Y	
Ellsworth	Y			Y	
Finney	Y			Y	
Ford	Y			Y	
Franklin	Y			Y	
Geary	Y			Y	
Gove	Y			Y	
Graham	Y			Y	
Grant	Y			Y	
Gray	Y			Y	
Greeley	Y			Y	
Greenwood	Y			Y	
Hamilton	Y			Y	
Harper	Y			Y	
Harvey	Y			Y	
Haskell	Y			Y	
Hodgeman	Y			Y	
Jackson	Y			Y	
Jefferson	Y			Y	
Jewell	Y			Y	
Johnson			Y	N	
Kearny	Y			Y	
Kingman	Y			Y	
Kiowa	Y			Y	
Labette	Y			Y	
Lane	Y			Y	
Leavenworth	Y			Y	
Lincoln	Y			Y	
Linn	Y			Y	
Logan	Y			Y	

Lyon	Y			Y	
Marion	Y			Y	
Marshall	Y			Y	
McPherson	Y			Y	
Meade	Y			Y	
Miami	Y			Y	
Mitchell	Y			Y	
Montgomery	Y			Y	
Morris	Y			Y	
Morton	Y			Y	
Nemaha	Y			Y	
Neosho	Y			Y	
Ness	Y			Y	
Norton	Y			Y	
Osage	Y			Y	
Osborne	Y			Y	
Ottawa	Y			Y	
Pawnee	Y			Y	
Phillips	Y			Y	
Pottawatomie	Y			Y	
Pratt	Y			Y	
Rawlins	Y			Y	
Reno	Y			Y	
Republic	Y			Y	
Rice	Y			Y	
Riley	Y			Y	
Rooks	Y			Y	
Rush	Y			Y	
Russell	Y			Y	
Saline	Y			Y	
Scott	Y			Y	

Sedgwick		Y		N	
Seward	Y			Y	
Shawnee	Y			Y	
Sheridan	Y			Y	
Sherman	Y			Y	
Smith	Y			Y	
Stafford	Y			Y	
Stanton	Y			Y	
Stevens	Y			Y	
Sumner	Y			Y	
Thomas	Y			Y	
Trego	Y			Y	
Wabaunsee	Y			Y	
Wallace	Y			Y	
Washington	Y			Y	
Wichita	Y			Y	
Wilson	Y			Y	
Woodson	Y			Y	
Wyandotte	Y			Y	
Comments					Currently, there is not statewide backup for KSPHQ. However, Healthsource Integrated Solutions (HIS) is in this process of applying for NSPL certification in order to serve in this role.

Appendix C Call Center Budget Narrative

COMCARE

COMCARE of Sedgwick County call center operates out of the Community Mental Health Center's budget, and the call center is only a small piece of the total budget. COMCARE also operates a local 24-hour crisis line, and most crisis calls come through that line at this time. COMCARE does not balance its budget by program, making it difficult to breakdown funding for the call center specifically. The following is an extremely rough estimate.

Q37:		8,520,000			
Q38:	Federal Funds	-			
	State Funds	2,271,258			
	County Funds	1,700,000			
	Private	-			
	Other Sources	3,290,000			
Other Sources:					
Charges for Services ie. Medicaid, Medicare, Commercial Ins,					
Q39:	Hotline	6.10%	(used staff costs for ES Callers)		
	Chat and Text	0			
	Mobile Crisis	8.14%			
	Crisis Residential	21.72%	Used 100% CSU		
	Other Services	64.04%			
Other Services:					
Staff Costs; Contractuals such as Staff CEU funds, local mileage, lease, indirect costs, meals,					
and Commodities such as Supplies, tech equipment, food					
Q40:	Not currently budgeted				
Q41:	N/A				

Johnson County

JCCMH is in the midst of transitioning its crisis call center to the local 911 dispatch, and the budget will be changing throughout 2022. At this time the CMHC is unable to demonstrate only the budget of the crisis call center, as the call center operates as more than an NSPL/crisis call line at this time. The numbers below are reflective of the crisis line budget, as close as possible.

988 Call Center Budget	
	After Hours Total Costs
Personnel Costs/Benefits	\$1,547,336.55
Computer/Supplies	\$12,880.00
911 Computer (one-time)	\$20,000.00
911 Computer Maintenance	\$2,000.00
Recording Calls Software (one-tim	\$5,000.00
Direct Care Cost (Mileage Etc.)	\$0.00
Overhead allocated based on FTE	\$553,073.91
Total Costs	\$2,140,290.46

KSPHQ

KSPHQ had an operating budget of \$1,200,000 for FY 2021. Most of this budget is allocated to cover the salaries of the workforce associated with the call center operations including leadership, management, support positions, and paid counseling positions for phone, text, and chat contacts. Payroll expenses for the call center staff are estimated at \$550,000 annually. An additional expense of \$120,000 has been allocated for the administrative and technological needs of the crisis call center. This number is not inclusive of any administrative or management costs which support multiple programs. This budget is not reflective of the additional staffing and expenses associated with the capacity building funding allocation from the state legislature at the start of state fiscal year 2022.

Appendix D Resource Training and Listing

COMCARE

Johnson County

All of our crisis line staff go through a training on [MyRC](#). MyRC is a web based resource wear house that is “filled” by 211 and users. The link is the public facing page. Our staff have access to a HIPAA partitioned section that allows for some other capabilities relative to care coordination with other County agencies. The training is primarily on the use of this tool and lasts about 3 hours.

KSPHQ

To prepare volunteers and staff to respond to the resource needs of Kansas callers, KSPHQ provides training that includes an overview of the geographic regions and community mental health center catchment areas of Kansas. Several local, regional, and state-wide databases (both print and digital) are made quickly accessible to counselors during training and in the call room. Counselors are trained to refer callers to CMHCs and 211 for behavioral health and practical needs. Callers are encouraged to make contact with referral sources to receive the most up-to-date information for their service area. For callers who consent to a follow-up call, it is standard procedure for the counselor to inquire about the success of a caller making contact with a referral source and having their needs met.

Resource Websites

- https://www.kdads.ks.gov/docs/default-source/csp/bhs-documents/mental-health-resource-directory.pdf?sfvrsn=95ab29ee_120
- <https://suicidepreventionlifeline.org/our-network/>
- <https://www.kdads.ks.gov/commissions/behavioral-health/consumers-and-families/cmhc-24-hour-crisis-lines>
- <http://www.acmhck.org/resources/cmhc-map/>
- <https://kancare.ks.gov/kancare-ombudsman-office/community-resources-by-county>
- <https://lplks.org/wp-content/uploads/sites/56/2021/09/Lawrence-Resource-Guide-AUG-9-2021.pdf>
- <https://www.usacops.com/>